

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Aging and Adult Administration

CONFLICT OF INTEREST SCREEN

Let it be known to all that neither I nor my immediate family members (*spouse, sibling, child, or parent*):

- are involved (*directly or indirectly*) in the licensing or certification of long-term care facilities or a provider of long-term care services;
- have ownership or investment interest (*represented by equity, debt, or other financial relationship*) in a long-term care facility or a long-term care service;
- are employed by, or participate in the management of, a long-term care facility;
- receive, or have the right to received (*directly or indirectly*) remuneration (*in cash or in kind*) under a compensation arrangement with an owner or operator of a long-term care facility;
- receive services from, a long-term care provider.

If I become involved in a conflict of interest as described in the Ombudsman Program standards or believe an activity that I am involved with may be a conflict, I will take responsibility to advise my supervisor of such a possible conflict.

A request for Waiver of a Conflict of Interest Screen may be made according to the Long-term Care Ombudsman Program Policy 3705.4.

PRINT NAME OF OMBUDSMAN VOLUNTEER OR EMPLOYER	SIGNATURE OF OMBUDSMAN VOLUNTEER OR EMPLOYER	DATE
PRINT NAME OF OMBUDSMAN COORDINATOR OR HIS/HER SUPERVISOR	SIGNATURE OF OMBUDSMAN COORDINATOR OR HIS/HER SUPERVISOR	DATE

Equal Opportunity Employer/Program ↓ Persons with a disability may request a reasonable accommodation such as a sign language interpreter. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative formats by contacting: (602) 542-4446.